

# Account Activation

## Introduction

This section of the document will show how an authorized user can activate an existing employer account with DUA. The set of instructions here are applicable to employers registered with DUA before December 7, 2009 and have received a correspondence via U.S. mail about activating their account in the QUEST system. The instructions here will not be applicable if you are a new employer registering with DUA for the first time.

**IMPORTANT:** The person completing the account activation for the UI employer account will be the System Administrator by default and will have access to all information in the employer's account. This means the system administrator will be able to view information, make changes, complete transactions, and give online access to other users in this account. Therefore, the person chosen by the employer to activate the account should be a highly trusted employee


## Step-by-Step Instructions:

1. Go to the following web page to begin account activation – [www.mass.gov/uima](http://www.mass.gov/uima)
2. Click on the link 'Account Activation'. The following page will appear. Enter your employer account number and the password received in the mail. Click 'Next' to continue.


Ligon		* Indicates Required Field
<a href="#">Employer Registration</a> <a href="#">System Availability</a> <a href="#">User Guide</a> <a href="#">Returning Employer</a> <b><a href="#">Account Activation</a></b>	<b>Activate Your Account</b> You can activate your account by completing just a few quick steps. To begin, enter your Employer Account Number(EAN) and the Activation Password you received and select 'Next'. If you need to access your account prior to receiving your permanent logon credentials, you may use the login information from your activation letter for the next 30 days. Employer Account Number(EAN): <input type="text"/> * Activation Password: <input type="password"/> * <div style="text-align: right;">Next</div>	

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3. The following page will appear. Read the information displayed and click 'Next' to continue.

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<div style="background-color: #4a69bd; color: white; padding: 2px;">Ligon</div>	
<a href="#">Employer Registration</a> <a href="#">What's New</a> <a href="#">System Availability</a> <a href="#">User Guide</a> <a href="#">Returning Employer</a> <a href="#">Account Activation</a>	<div style="background-color: #4a69bd; color: white; padding: 2px;">Employer Information</div> <div style="border: 1px solid #ccc; padding: 5px;"> Employer Account Number:   XXXX                      Employer Name:   XXXX </div> <div style="background-color: #4a69bd; color: white; padding: 2px;">Welcome to UI Employer Account Activation!</div> <p>Employers who pay wages within Massachusetts are required to register with and report quarterly wage data to this Agency. This activation process will create your new online DUA account.</p> <p><i>Please note that not completing the activation process could result in the loss of entered data.</i></p> <div style="background-color: #4a69bd; color: white; padding: 2px;">Necessary Activation Information</div> <p>To successfully activate your online self-service account, you will need the following pieces of information:</p> <ul style="list-style-type: none"> <li>Federal Employment Identification Number (FEIN)</li> <li>Contact Information</li> <li>Employer Information, including Legal and Physical address</li> <li>Owner/Officer Information</li> </ul> <div style="background-color: #4a69bd; color: white; padding: 2px;">Notification</div> <p>All information provided in this filing must be complete, true and accurate. Massachusetts law provides for civil fines and criminal penalties for misrepresentation, evasion, willful nondisclosure, and failure or refusal to furnish reports or requested information to this Agency.</p> <div style="text-align: right; margin-top: 10px;"> <div style="background-color: #4a69bd; color: white; padding: 5px 15px; border: 1px solid #ccc;">Next</div> </div>

4. The following page will appear. You will be requested to enter the administrator information. Complete this section and click 'Next' to continue.

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<div style="background-color: #4a69bd; color: white; padding: 2px;">Ligon</div> <span style="float: right; color: red;">* Indicates Required Field</span>																									
<a href="#">Employer Registration</a> <a href="#">What's New</a> <a href="#">System Availability</a> <a href="#">User Guide</a> <a href="#">Returning Employer</a> <a href="#">Account Activation</a>	<div style="text-align: center; margin-bottom: 10px;"> <span style="border: 1px solid #ccc; border-radius: 50%; padding: 2px 5px;">1</span> →              <span style="border: 1px solid #ccc; border-radius: 50%; padding: 2px 5px;">2</span> →              <span style="border: 1px solid #ccc; border-radius: 50%; padding: 2px 5px;">3</span> → COMPLETE  <small>Employer Information    Business Information    Owner/Officer Information</small> </div> <div style="background-color: #4a69bd; color: white; padding: 2px;">Employer Information</div> <div style="border: 1px solid #ccc; padding: 5px;"> Employer Account Number:   XXXXXXXX                      Employer Name:   XXXXXXXXXXXXXXXXXX </div> <div style="background-color: #4a69bd; color: white; padding: 2px;">Administrator Information</div> <p>To enter information for this employer you must be an <u>authorized administrator</u>® of this account. Please enter the following information about yourself:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">First Name:</td> <td style="width: 30%;"><input style="width: 90%;" type="text"/></td> <td style="width: 10%; text-align: center;">*</td> <td style="width: 20%;"></td> </tr> <tr> <td>Last Name:</td> <td><input style="width: 90%;" type="text"/></td> <td style="text-align: center;">*</td> <td></td> </tr> <tr> <td>Phone:</td> <td><input style="width: 90%;" type="text"/></td> <td style="text-align: center;">*</td> <td>ext: <input style="width: 40%;" type="text"/></td> </tr> <tr> <td>Secondary Phone:</td> <td><input style="width: 90%;" type="text"/></td> <td style="text-align: center;">*</td> <td>ext: <input style="width: 40%;" type="text"/></td> </tr> <tr> <td>Business Title:</td> <td><input style="width: 90%;" type="text"/></td> <td style="text-align: center;">*</td> <td></td> </tr> <tr> <td>Email:</td> <td><input style="width: 90%;" type="text"/></td> <td></td> <td></td> </tr> </table> <p><input type="checkbox"/> By checking this box, I certify that I am authorized by the owner/officer of this organization to enter employer information. I also certify that I am authorized to function as an Administrator on this account.</p> <div style="text-align: right; margin-top: 10px;"> <div style="background-color: #4a69bd; color: white; padding: 5px 15px; border: 1px solid #ccc;">Exit</div> <div style="background-color: #4a69bd; color: white; padding: 5px 15px; border: 1px solid #ccc; margin-left: 10px;">Next</div> </div>	First Name:	<input style="width: 90%;" type="text"/>	*		Last Name:	<input style="width: 90%;" type="text"/>	*		Phone:	<input style="width: 90%;" type="text"/>	*	ext: <input style="width: 40%;" type="text"/>	Secondary Phone:	<input style="width: 90%;" type="text"/>	*	ext: <input style="width: 40%;" type="text"/>	Business Title:	<input style="width: 90%;" type="text"/>	*		Email:	<input style="width: 90%;" type="text"/>		
First Name:	<input style="width: 90%;" type="text"/>	*																							
Last Name:	<input style="width: 90%;" type="text"/>	*																							
Phone:	<input style="width: 90%;" type="text"/>	*	ext: <input style="width: 40%;" type="text"/>																						
Secondary Phone:	<input style="width: 90%;" type="text"/>	*	ext: <input style="width: 40%;" type="text"/>																						
Business Title:	<input style="width: 90%;" type="text"/>	*																							
Email:	<input style="width: 90%;" type="text"/>																								

- The following page will appear where you will be asked to enter the contact information. Complete the information and click 'Next' to continue.

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Employer Registration  
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1  
Employer Information
2  
Business Information
3  
Owner/Officer Information
COMPLETE

Employer Information
Employer Account Number: xxxxxx Employer Name: xxxxxx

Contact Information
Please enter the following information about the person that should be contacted with questions regarding the initiation of this self-service account.

Same as Administrator: ☒

First Name:

Last Name:

Business Title:

Business Phone:  ext:

Secondary Phone:  ext:

Email:

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- Continue to enter the business information and click 'Next'.

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\* Indicates Required Field

1  
Employer Information
2  
Business Information
3  
Owner/Officer Information
COMPLETE

Employer Information
Employer Account Number xxxxx Employer Name: xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

Communication Method
The following questions are used to gather missing account information:  
Please indicate your preferred [Method Of Communication](#) \* Email  \*  
Business E-Mail Address:

Business Information
Do you use a [common paymaster](#) \*?: ☐ Yes ☐ No \*  
If yes, enter the FEIN for your common paymaster:   
Will this employer act as a [Leasing Company](#) \*?: ☐ Yes ☐ No \*  
Do you have employees that perform services that may be exempt under [Section 6 of MGL 151A](#) \*?: ☐ Yes ☐ No \*

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- You will be asked to verify your legal address that already exists in the system. Click 'Next' to continue.

Logon
\* Indicates Required Field

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Employer Information   Business Information   Owner/Officer Information

**Employer Information**

Employer Account Number:    xxxxxx
Employer Name:    xxxxxxxxxxxxxxxxx

**Legal Address**

Please confirm, or make modifications to your [Legal Address](#)®. This address cannot be a Post Office box. Do not enter a client site, other temporary job site, or employee home address.

Address Line 1:  \*  
Address Line 2:   
City:  \*  
State:  \*  
Zip Code:   
Country:  \*  
Phone:  ext:   
Fax:   
Email:

\* Indicates Required Field

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Next

8. The following screen will appear. Complete the requested information and click 'Next' to continue.

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\* Indicates Required Field

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1 → 2 → 3 → COMPLETE  
Employer Information   Business Information   Owner/Officer Information

**Employer Information**

Employer Account Number:    xxxxxx
Employer Name:    xxxxxxxxxxxxxxxxx

**Massachusetts Physical Location**

Does this employer have a [Physical Location](#)® in Massachusetts?(This cannot include a P.O box or client site or employee home address)   ☐ Yes ☒ No \*

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9. The following screen will appear. Complete the requested information and click 'Next' to continue.

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\* Indicates Required Field

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Employer Information   Business Information   Owner/Officer Information

**Employer Information**

Employer Account Number:    xxxxxx
Employer Name:

**Massachusetts Physical Location Address**

Please enter, confirm or make modifications to your [MA physical location address](#)®. This address cannot be a Post Office box. Do not enter a client site, other temporary job site, or employee home address.

Same as:  \*  
Address Line 1:   
Address Line 2:   
City:   
State:   
Zip Code:   
Country:   
Phone:  ext:   
Fax:   
Email:

\* Indicates Required Field

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Next

10. The following screen will appear. Begin entering the owner/officer information by completing the requested information. Click 'Add' to continue.

**NOTE:** If you are adding a legal entity as owner/officer, the only identifying information provided should be the name of the Legal Entity and FEIN. If an individual is being added as owner/officer, the only identifying information provided should be the individual's name and SSN. **Do not enter both sets of identifying information under the same record.**

Logon
\* Indicates Required Field

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1 → 2 → 3 → COMPLETE  
 Employer Information   Business Information   Owner/Officer Information

**Employer Information**

Employer Account Number: 0
Employer Name: C

**Review Owner/Officer Information**

- To **ADD** an Owner/Officer, enter the information in the Add/Modify section below.
- To **MODIFY** existing information, identify the record by selecting the radio button to the left of the name and select "Modify".
- To **DELETE** an entry, identify the record by selecting the radio button to the left of the name and select "Delete".
- You may not enter more than 5 owner/officers.
- After completing all updates to the Owner/Officer information, select "Next".

No records found...

Modify
Delete

**Add/Modify Owner/Officer Information**

- If the Owner/Officer is an individual, complete the individual Owner/Officer section and Additional Information section.
- If the Owner/Officer is a business/entity, complete the Business/Entity Owner/Officer section and Additional Information section.

Individual Owner/Officer	OR	Business/Entity Owner/Officer
First Name: <input style="width: 90%;" type="text"/>		Legal Entity Name: <input style="width: 90%;" type="text"/>
Middle Initial: <input style="width: 40%;" type="text"/>		FEIN: <input style="width: 60%;" type="text"/>
Last Name: <input style="width: 90%;" type="text"/>		
Social Security Number: <input style="width: 90%;" type="text"/>		

**Additional Information**

- The Additional Information section is required for both the Individual Owner/Officer and the Business/Entity Owner/Officer.

Business Title:	<div>[Select One] *</div>
Percent of Ownership:	<div><input style="width: 90%;" type="text"/> *</div>
First Date of Ownership / Appointment	<div><input style="width: 90%;" type="text"/> *</div>
Is the owner/officer compensated for their services?:	<div><input type="radio"/> Yes <input type="radio"/> No *</div>
Address Line 1:	<div><input style="width: 90%;" type="text"/> *</div>
Address Line 2:	<div><input style="width: 90%;" type="text"/> *</div>
City:	<div><input style="width: 90%;" type="text"/> *</div>
State:	<div>MA - Massachusetts</div>
Zip Code:	<div><input style="width: 90%;" type="text"/></div>
Country:	<div>US - United States Of America *</div>
Email:	<div><input style="width: 90%;" type="text"/></div>

- If modifying an existing Owner/Officer, select "SAVE" button to **SAVE** the entered information.
- If adding an existing Owner/Officer, select "ADD" button to **SAVE** the entered information.
- Select the "Reset" button to clear the entered information.

Add
Reset

Previous
Next

Complete the information requested in this section to add owner/officer information.

Complete the information requested in this section to add owner/officer information.

Click on 'Add' to save the new owner/officer record. Do not click 'Next'.

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4. The following page will appear, summarizing the owner/officer information you just entered. Click **'Next'** to continue with the activation process.

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\* Indicates Required Field

1 → 2 → 3 → COMPLETE

Employer Information   Business Information   Owner/Officer Information

**Employer Information**

Employer Account Number: 0      Employer Name: C

**Review Owner/Officer Information**

- To **ADD** an Owner/Officer, enter the information in the Add/Modify section below.
- To **MODIFY** existing information, identify the record by selecting the radio button to the left of the name and select "Modify".
- To **DELETE** an entry, identify the record by selecting the radio button to the left of the name and select "Delete".
- You may not enter more than 5 owner/officers.
- After completing all updates to the Owner/Officer information, select "Next".

	Name	Title	SSN/FEIN	Address Information	% Ownership
<input type="radio"/> *	te	Other	1	19 Staniford Street, Boston, MA 02114	50.00%
<b>Total Number of Owner/Officers:</b>		<b>1</b>	<b>Total Percentage of Ownership:</b>		<b>50.00%</b>

Modify   Delete

**Add/Modify Owner/Officer Information**

- If the Owner/Officer is an individual, complete the individual Owner/Officer section and Additional Information section.
- If the Owner/Officer is a business/entity, complete the Business/Entity Owner/Officer section and Additional Information section.

**Individual Owner/Officer**

First Name:

Middle Initial:

Last Name:

Social Security Number:

**OR**

**Business/Entity Owner/Officer**

Legal Entity Name:

FEIN:

**Additional Information**

- The Additional Information section is required for both the Individual Owner/Officer and the Business/Entity Owner/Officer.

Business Title: [Select One] \*

Percent of Ownership:  \*

First Date of Ownership / Appointment:  \*

Is the owner/officer compensated for their services?: ☐ Yes ☐ No \*

Address Line 1:  \*

Address Line 2:

City:  \*

State: MA - Massachusetts

Zip Code:

Country: US - United States Of America \*

E-Mail:

- If modifying an existing Owner/Officer, select **"SAVE"** button to **SAVE** the entered information.
- If adding an existing Owner/Officer, select **"ADD"** button to **SAVE** the entered information.
- Select the "Reset" button to clear the entered information.

Add   Reset

Previous   Next

(PLEASE TURN OVER)

11. The following screen will appear, confirming that your account activation is complete.

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<a href="#">Employer Registration</a> <a href="#">System Availability</a> <a href="#">User Guide</a> <a href="#">Returning Employer</a> <b><a href="#">Account Activation</a></b>	<div><div>1</div>→<div>2</div>→<div>3</div>→<b>COMPLETE</b></div> <div>Employer Information   Business Information   Owner/Officer Information</div>
	<b>Employer Information</b>
	Employer Account Number: 0      Employer Name: C
	<b>Activation Complete</b>
	<p>Thank you for providing this information . You have successfully initiated your online self service account. Your permanent User ID and password are as follows:</p> <p><b>User ID:</b>      XXXXX</p> <p><b>Password:</b>    XXXXX</p> <p>You will receive a copy of your logon credentials via US Mail, but print this page for your records.</p>
<div><div></div><div>Login</div></div>	